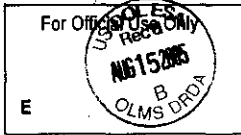


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6208</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Lori</u> <u>A</u> <u>Werner</u> P.O. Box, Bldg., Room No., if any Street <u>1775 K Street, NW</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u>	4. Name, file number, and address of labor organization. Name <u>UPCW Int'l Union</u> Labor Organization File Number <u>000-056</u> P.O. Box, Building and Room Number, if any Street <u>1775 K Street, NW</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u>
5. Position in labor organization. <u>Director, UPCW Benefits Office</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>8/09/05</u> Date	<u>202-223-3111</u> Telephone Number

Name of Person Filing <b>Lori Werner</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<b>8. Name and address of Business (including trade name, if any).</b> Name <b>Comerica Bank</b> Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street <b>411 W. Lafayette</b> City <b>Detroit</b> State <b>Michigan</b> ZIP Code + 4 <b>48226</b>	<b>9. Business deals with:</b> <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b> Name <b>UFCW Pension Plan for Employees</b> Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street <b>1775 K Street, N.W.</b> City <b>Washington</b> State <b>District of Columbia</b> ZIP Code + 4 <b>20006</b>	<b>11.a. Nature of such dealing.</b> <b>Provides Bank Services.</b> <b>11.b. Approximate dollar value of such dealing.</b> <b>\$116,947</b> <b>12.a. Nature of interest held or income received.</b> <b>Business Lunch approximately \$30 to \$40.</b> <b>Charity Golf Tourn. fees, meals and gift approximately \$350.</b> <b>12.b. Amount.</b> <b>\$390</b>

<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b> Name <b>Amalgamated Insurance Company</b> Trade Name, if any: P.O. Box, Bldg., Room No., if any: <b>P.O. Box 61594</b> Street City <b>King of Prussia</b> State <b>Pennsylvania</b> ZIP Code + 4 <b>19406</b>	<b>14.a. Nature of payment.</b> <b>Business Lunch. Approximately \$50.00</b>
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14.b. Amount of payment.</b> <b>\$50</b>

Name of Person Filing **Lori Werner**File Number **U-****Part B Continuation Page**

**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

**8. Name and address of Business (including trade name, if any).**Name **TrustBenefits Online**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **Suite 345**Street **5980 Horton Street**City **Emeryville**State **California** ZIP Code + 4 **94608****9. Business deals with:**☐ a. Labor Organization☒ b. Trust☐ c. Employer**10. If 9.b. or 9.c. is checked give trust or employer's name.**Name **UFCW Pension Plan for Employees**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **1775 K Street, N.W.**City **Washington**State **District of Columbia** ZIP Code + 4 **20006****11.a. Nature of such dealing.****Provides Website Services****11.b. Approximate dollar value of such dealing.****\$57,557****12.a. Nature of interest held or income received.****Two business lunches approximately \$50.00 each.****Holiday Fruit Basket: approximately \$50.00****12.b. Amount.****\$148**

Name of Person Filing **Lori Werner**

File Number U-

**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

**8. Name and address of Business (including trade name, if any).**Name **Union Labor Life Insurance Company**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **Mail Stop 402**Street **8403 Colesville Road**City **Silver Spring**State **Maryland** ZIP Code + 4 **20910****9. Business deals with:**☐ a. Labor Organization☒ b. Trust☐ c. Employer**10. If 9.b. or 9.c. is checked give trust or employer's name.**Name **UPCW Sponsored Health Ins. Plans**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **1775 K Street, N.W.**City **Washington**State **District of Columbia** ZIP Code + 4 **20006****11.a. Nature of such dealing.****Third Party Administrator.****11.b. Approximate dollar value of such dealing.****\$1,751,590****12.a. Nature of interest held or income received.****Approximately five business lunches of approximately \$35 to \$50 each****12.b. Amount.****\$231**

Name of Person Filing **Lori Werner**File Number **U-****Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

**8. Name and address of Business (including trade name, if any).**Name **State Street Global Advisors**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **33rd Floor**Street **One Lincoln Street**City **Boston**State **Massachusetts** ZIP Code + 4 **02111-2900****9. Business deals with:**☐ a. Labor Organization☒ b. Trust☐ c. Employer**10. If 9.b. or 9.c. is checked give trust or employer's name.**Name **UFCW Pension Plan for Employees**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **1775 K Street, N.W.**City **Washington**State **District of Columbia** ZIP Code + 4 **20006****11.a. Nature of such dealing.****Investment Manager****11.b. Approximate dollar value of such dealing.****\$24,089****12.a. Nature of interest held or income received.****Business Lunch.****12.b. Amount.****\$44**

Name of Person Filing **Lori Werner**File Number **U-****Part B Continuation Page**

**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

**8. Name and address of Business (including trade name, if any).**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

**9. Business deals with:**☐ a. Labor Organization☐ b. Trust☐ c. Employer**10. If 9.b. or 9.c. is checked give trust or employer's name.**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

**11.a. Nature of such dealing.****11.b. Approximate dollar value of such dealing.****12.a. Nature of interest held or income received.****12.b. Amount.**

Trade Name, if any: \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
Street 1775 K Street, N.W.  
City Washington  
State District of Columbia ZIP Code + 4 20006

11.b. Approximate dollar value of such dealing. \$0

12.a. Nature of interest held or income received.

Business Lunch. Approximately \$35

12.b. Amount. \$35

Name of Person Filing Lori Werner

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Slevin &amp; Hart

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1625 Massachusetts Avenue, N.W.

City Washington

State District of Columbia ZIP Code + 4 20036

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW Sponsored Benefit Plans

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1775 K Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006

## 11.a. Nature of such dealing.

Plan Counsel

## 11.b. Approximate dollar value of such dealing.

\$367,628

## 12.a. Nature of interest held or income received.

Business Lunch. Approximately \$50.

## 12.b. Amount.

\$50



Name of Person Filing <b>Lori Werner</b>	File Number <b>U-</b>
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**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<b>8. Name and address of Business (including trade name, if any).</b>  Name <b>Vision Service Plan</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any <b>Suite 900</b>  Street <b>10440 Little Patuxent Parkway</b>  City <b>Columbia</b>  State <b>Maryland</b> ZIP Code + 4 <b>21044</b>	<b>9. Business deals with:</b>  <input type="checkbox"/> a. Labor Organization  <input checked="" type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name <b>UFCW Sponsored Health Ins. Plans</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <b>1775 K Street, N.W.</b>  City <b>Washington</b>  State <b>District of Columbia</b> ZIP Code + 4 <b>20006</b>	<b>11.a. Nature of such dealing.</b> <b>Vision Services Benefit Provider.</b>          <b>11.b. Approximate dollar value of such dealing.</b> <b>\$305,343</b>  <b>12.a. Nature of interest held or income received.</b> <b>Business Lunch. Approximately \$50.</b>          <b>12.b. Amount.</b> <b>\$50</b>

Name of Person Filing Lori Werner

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing **Lori Werner**

File Number U-

## Part C Continuation Page

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).**Name **Abel Noser**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **6th Floor**Street **One Battery Plaza**City **New York**State **New York** ZIP Code + 4 **10004-1405****14.a. Nature of payment.****Business Lunch. Approximately \$40****13.b. Is the Business an Employer** ☒ **or Consultant** ☐ ?**14.b. Amount of payment.****\$40****C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).**Name **Medical Insurance Consulting Group**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **4949 N. Western Avenue**City **Chicago**State **Illinois** ZIP Code + 4 **60625****14.a. Nature of payment.****Business Lunch. Approximately \$50.00****13.b. Is the Business an Employer** ☒ **or Consultant** ☐ ?**14.b. Amount of payment.****\$50****C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

**14.a. Nature of payment.****13.b. Is the Business an Employer** ☐ **or Consultant** ☐ ?**14.b. Amount of payment.**